

South Carolina Department of Consumer Affairs
Instructions for completing
Application for Restricted/Renewal Staff Leasing Company or Controlling Person License

Please carefully review the instructions listed below and the enclosed application packet for eligibility requirements. (Section 40-68-10 through 40-68-180, South Carolina Code of Laws). Application must be returned to South Carolina Department of Consumer Affairs, Post Office Box 5757, Columbia, South Carolina 29250 for proper handling. The annual application fee of \$250 must be enclosed and is **NOT** refundable. Applications cannot be processed without the required application fee.

Be advised, you may expect the screening process to take approximately 90 days from the time this office receives the completed application, all required documentation, and appropriate fees.

Basic Qualifications

Restricted Staff Leasing Company

- (1) The department may issue a restricted license to a nonresident staff leasing services company or staff leasing services group for limited operation within this State under the following conditions if the:
 - (a) Applicant's state of residence provides for licensing of staff leasing services companies, the applicant is licensed and in good standing in its state of residence, and the applicant's state of residence grants a similar privilege for restricted licensing to staff leasing services companies or staff leasing services groups that are residents in South Carolina.
 - (b) Applicant does not maintain an office, sales force, or representatives in this State, and it does not solicit clients that are residents in this State; and
 - (c) Applicant does not have more than forty leased employees working in this State.
- (2) An applicant for a restricted license is exempt from the requirements of Section 40-68-40(C) and (F).
- (3) An applicant for a nonresident or restricted license shall file, on a form approved by the department an appointment of a recognized and approved entity as its attorney to receive service of legal process issued against it in this State.
- (4) Applicant must provide proof of workers' compensation insurance with an original Certificate of Insurance from a licensed South Carolina carrier.

Controlling Person

- ★Be at least 18 years of age.
- ★Be of good moral character.
- ★Have educational, managerial, or business experience to successfully operate or be a controlling person of an employee leasing company. Each licensed company or group must have at least one controlling person.

To Apply Please Submit the Following:

The completed application must have all questions answered on pages 2 and 3. A Financial Statement, letter of good standing from the licensing entity, and a copy of the staff leasing license or certificate must be submitted from the applicant's State of Residency with the application. A Certificate of Authority from the South Carolina Secretary of State's office must also be submitted.

After review and approval of the application, the Department of Consumer Affairs will notify the applicant and issue a restricted staff leasing license valid for one year. Changes in controlling persons or deletions or additions of clients should be reported to the Department as soon as possible or within a 30 day period. Applications cannot be processed without the required application fees. Quarterly Reports for financial income statements and balance sheets will be due each quarter 3/31, 6/30, 9/30 and 12/31.

S.C. Department of Consumer Affairs
3600 Forest Drive, 3rd Floor
Post Office Box 5757
Columbia, S.C. 29250

Application for Restricted Licensure as Staff Leasing Services Company or Controlling Person

Pursuant to the provisions of Chapter 40-68-10 through 40-68-180, the undersigned hereby makes the following statement for the purpose of obtaining a license to engage in staff leasing services on a limited basis. Each company is required to submit a separate application. (\$250 application fee must accompany each application.) ☐ Initial ☐ Renewal License

TYPE OR PRINT WITH BLACK INK.

Part A
Leasing Company

1. Name of Company: _____
2. Name of Owner: _____
3. Mailing Address: _____
4. Main Address of Company: _____
Branch Offices in South Carolina ☐ Y ☐ N (If yes please attach complete listing of branch locations and telephone numbers)
5. Telephone Number: _____
6. Unemployment Identification Number: _____
7. Federal Employment Identification Number: _____
State Employment Identification Number: _____
8. Organization Date of Company: _____
9. Type of Business Entity: ☐ Proprietorship ☐ Partnership ☐ Corporation
List South Carolina Registered agent's name, address and telephone number: _____
10. Owner, officers, managers and controlling persons - Please print below the names, residence addresses, titles, percentage of ownership and telephone numbers of each person.

Corporation - If the applicant is owned by another corporate entity, please provide information on the officers of the parent firm and ultimate owners (natural persons), as indicated above.

Name & Address	Social Security Number	Title	% of Ownership	Phone Number
A.				
B.				
C.				
(Attach additional sheets if necessary)				

11. What is your staff leasing state of residence? _____

12. Does your state of residency grant a privilege or restricted license for staff leasing companies? Yes ☐ No ☐
13. Is your staff leasing company in good standing in its state of residency? Yes ☐ No ☐
If no, please explain. _____

14. Does applicant maintain an office, sales force, or representatives in South Carolina? Yes ☐ No ☐
15. Is applicant soliciting clients that are residents of South Carolina or other states? Yes ☐ No ☐
16. How many leased employees does applicant have working in this state? _____. Please provide an employee list.
17. Please provide a complete South Carolina client roster to the Department.
18. Please provide the Department a copy of the employee contract and applicant service agreement which is provided to clients.
19. Does your staff leasing company provide a health plan? If so, please provide the health insurance information to the Department. The S.C. Staff Leasing Regulation 28-965(7), 28-966 prohibits a licensee or applicant from sponsoring and maintaining a plan of self-insurance for health benefits or workers' compensation.

IF ANY INFORMATION ON THE APPLICATION CHANGES, THE APPLICANT OR LICENSEE SHALL SUBMIT SUCH CHANGES TO THE DEPARTMENT WITHIN THIRTY (30) DAYS AFTER THE DATE OF SUCH CHANGE.

I hereby certify that I have read the foregoing statements including all attachments and exhibits, and that they are true and correct to the best of my knowledge and belief. I am aware of the fact that ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION, OF A LICENSE.

Signature of Applicant

Date

Typed or Printed Name of Applicant

Signature of Applicant must be notarized

State of _____

County of _____

Subscribed and sworn to before me a
Notary Public, this _____ day of
_____, 20__.

My Commission Expires: _____

SC Department of Consumer Affairs
Staff Leasing Services Division
P.O. Box 5757
Columbia, SC 29250-5757

Certification to the
Department of Consumer Affairs
State of South Carolina

I, _____, President and owner of _____, a staff leasing company preparing to do business in the State of South Carolina, hereby certify that _____ will not offer any self or partially self funded plans of insurance for workers' compensation, health, life or disability to any employee in the State of South Carolina. Please be advised that ERISA plans are not acceptable as fully insured health/medical plans for staff leasing companies in South Carolina. No insurance plan may be offered without prior approval from this Department.

Signature

Printed Name

Title

Date

State of _____
County of _____

Subscribed and sworn to before me a
Notary Public, this _____ day of
_____, 20__.

My Commission Expires: _____